

## **FAX COVER SHEET**

1400127 PM12:38

TO	Office of Public Records	
COMPANY	Secretary of Senate	
FAX NUMBER	12022241851	
FROM	Katie Buchanan	
DATE	2014-10-27 00:21:43 GMT	
RE	FEC FROM 6	

## COVER MESSAGE

Please find attached the FEC Form 6 48 hour reporting of contributions for Friends of Mark Warner. Please do not hesitate to contact me should you have any questions.

Thank you,

Katie Buchanan

202.423.4742 Telephone

703-997-5843 Fax

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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

SECRETA RECEIVED.

14 OCT 27 PH 12: 38

(See Reverse Side for Instructions)

to be used to report an contributions (including loans) or a root or more	i, received within 20 days of the election.		
NAME OF COMMITTEE IN FULL. Friends of Mark Warner		7	
ADDRESS (number and street) 2034 Eisenhower Avenue Suite 222		1	
CITY, STATE, and ZIP CODE		· <del>-</del>	
Alexandria	VA 22314		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION N	IUMBER
Hon, Mark R. Wamer	Senate VA 00	C00438713	
5. IS THIS AN AMENDMENT? NO. THIS IS A NEW FILING	YES, IT AMENOS THE NOTICE FILED ON	////	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Ms. Katherine S Brooks	N/A	day, year)	
Mo. Rationio o Biocko		10/25/2014	1000.00
980 Turner Mountain Rd		TUTEUTEUT	1000.00
	Transaction ID : C6725249		
	Occupation	_	
Charlottesville VA 22903-70	13 Homemaker		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Linda Dalch	Self Employed	day, year)	
Linua Dalon	Sell Employed	10/25/2014	1000.00
3901 Old River Tri		10/23/2014	1000.00
SSOT OIL THYOF TH	Transaction ID : C6725248		
•	Occupation		
Powhatan VA 23139-41	Non-Profit Consultant		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Richard J. Eskind	Wells Fargo Advisor	day, year)	
Monard J. Eskind	Trens Large Method	10/25/2014	1000.00
104 Lynnwood Bivd		10/25/2014	1000.00
•	Transaction ID : C6725250		
	Occupation		
Nashville TN 37205-29	04 Investment Broker		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
	1. Language 1. Lan	day, year)	
	Occupation		
	·		
SIGNATURE (optional)	DATE	For further infe	ormation contact:
Katherine M Buchanan	10/26/2014	Federal Elect	ion Commission
			Washington, DC 20463 30, Local 202-694-1100
	L		
Any information copied from	reports and statements filed under the Federal Election Co	ampaign Act may not	CEORMS

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)

N O T

PREPARER

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

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**SEN PATCH** 



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